



# 2016

## Health Summary of Benefits with Health Incentive Standard

(Administered by PreferredOne)

**No Copay at the Be Well Clinic for covered adults**

**All other HCMC clinics subject to regular office visit copay**

**No Copay for online care – virtuwell, Zipnosis, HCMC eVisits, or MDLIVE**

	Tier 1	Tier 2	Tier 3	Out of Network
Deductibles and Out of Pocket				
Lifetime maximum	Unlimited			
Calendar year deductible	None	\$50 Single; \$100 Family	\$75 Single; \$150 Family	\$500 per covered person; \$1500 per family
Calendar year out of pocket maximum	\$2500 per person; \$4500 per family			
Preventive Health Care				
Routine physical, eye exams, immunizations	100% coverage			70% coverage after deductible
Prenatal and postnatal care				
Office Visits				
Illness or injury	\$20 copay	\$25 copay	\$40 copay	70% coverage after deductible
Allergy injections	100% coverage			
Physical, speech and occupational therapy	\$20 copay	\$25 copay	\$40 copay	
Online care	\$0 copay	\$0 copay	\$0 copay	
Mental health care / substance abuse	\$0 copay	\$20 copay	\$20 copay	
Emergency Care				
Urgent Care Center	\$30 copay	\$35 copay		75% coverage after deductible
Emergency care at a hospital ER	\$100 copay			
Ambulance	80% coverage			
Inpatient Hospital Care				
Illness or injury	\$125 copay	\$135 copay	\$260 copay	70% coverage after deductible
Mental health / substance abuse				
Outpatient Care				
Scheduled outpatient (non surgical)	\$15 copay	\$20 copay	\$35 copay	70% coverage after deductible
Scheduled outpatient surgeries	\$50 copay	\$60 copay	\$110 copay	
Outpatient MRI and CT	80% coverage			
Preventive Dental for Children to age 19				
Preventive Dental	\$0 copay			No Coverage
Retail Pharmacy (up to 30 day supply)				
Generic drug	\$20 copay			70% coverage after deductible
Brand name drug	\$40 copay			
Mail Order Pharmacy ( up to a 90 day supply)				
Generic drug	\$40 copay			70% coverage after deductible
Brand name drug	\$80 copay			

This is only a summary; for additional details and complete benefit information  
see the complete Summary of Benefits (member contract).

10/26/2015



# 2016

## Health Summary of Benefits with Health Incentive Advantage

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### Fairview - North Memorial - HealthEast

**FIRST 3 OFFICE VISITS, URGENT CARE OR E VISITS PER MEMBER PER YEAR - NO COPAY** (highlighted below)

*No Copay at the Be Well Clinic for covered adults – No Copay for online care (Zipnosis and MDLIVE)*

	In Network	Out of Network
Deductibles and Out of Pocket		
Lifetime maximum	Unlimited	
Calendar year deductible	None	\$500 per covered person; \$1500 per family
Calendar year out of pocket maximum	\$2500 per person; \$4500 per family	
Preventive Health Care		
Routine physical, eye exams, immunizations	100% coverage	70% coverage after deductible
Prenatal and postnatal care		
Office Visits		
Illness or injury	\$20 copay	70% coverage after deductible
Allergy injections	100% coverage	
Physical, speech and occupational therapy	\$20 copay	
Online care	\$0 copay	
Mental health care / substance abuse	\$0 copay	
Emergency Care		
Urgent Care Center	\$20 copay	75% coverage after deductible
Emergency care at a hospital ER	\$100 copay	
Ambulance	80% coverage	
Inpatient Hospital Care		
Illness or injury	\$125 copay	70% coverage after deductible
Mental health / substance abuse		
Outpatient Care		
Scheduled outpatient (non surgical)	\$20 copay	70% coverage after deductible
Scheduled outpatient surgeries	\$50 copay	
Outpatient MRI and CT	80% coverage	
Preventive Dental for Children to age 19		
Preventive Dental	\$0 copay	No Coverage
Retail Pharmacy (up to 30 day supply)		
Generic drug	\$20 copay	70% coverage after deductible
Brand name drug	\$40 copay	
Mail Order Pharmacy ( up to a 90 day supply)		
Generic drug	\$40 copay	70% coverage after deductible
Brand name drug	\$80 copay	

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### HealthPartners - Park Nicollet

**FIRST 3 OFFICE VISITS, URGENT CARE OR E VISITS PER MEMBER PER YEAR - NO COPAY** (highlighted below)

*No Copay at the Be Well Clinic for covered adults – No Copay for online care (virtuwell and MDLIVE)*

	In Network	Out of Network
Deductibles and Out of Pocket		
Lifetime maximum	Unlimited	
Calendar year deductible	None	\$500 per covered person; \$1500 per family
Calendar year out of pocket maximum	\$2500 per person; \$4500 per family	
Preventive Health Care		
Routine physical, eye exams, immunizations	100% coverage	70% coverage after deductible
Prenatal and postnatal care		
Office Visits		
Illness or injury	\$20 copay	70% coverage after deductible
Allergy injections	100% coverage	
Physical, speech and occupational therapy	\$20 copay	
Online care	\$0 copay	
Mental health care / substance abuse	\$0 copay	
Emergency Care		
Urgent Care Center	\$20 copay	75% coverage after deductible
Emergency care at a hospital ER	\$100 copay	
Ambulance	80% coverage	
Inpatient Hospital Care		
Illness or injury	\$125 copay	70% coverage after deductible
Mental health / substance abuse		
Outpatient Care		
Scheduled outpatient (non surgical)	\$20 copay	70% coverage after deductible
Scheduled outpatient surgeries	\$50 copay	
Outpatient MRI and CT	80% coverage	
Preventive Dental for Children to age 19		
Preventive Dental	\$0 copay	No Coverage
Retail Pharmacy (up to 30 day supply)		
Generic drug	\$20 copay	70% coverage after deductible
Brand name drug	\$40 copay	
Mail Order Pharmacy ( up to a 90 day supply)		
Generic drug	\$40 copay	70% coverage after deductible
Brand name drug	\$80 copay	



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### Hennepin County Medical Center - NorthPoint

**FIRST 3 OFFICE VISITS, URGENT CARE OR E VISITS PER MEMBER PER YEAR - NO COPAY** (highlighted below)

*No Copay at the Be Well Clinic for covered adults – No Copay for online care (HCMC eVisits and MDLIVE)*

	HCMC or NorthPoint providers	All other in-network providers	Out of Network
<b>Deductibles and Out of Pocket</b>			
Lifetime maximum	Unlimited		
Calendar year deductible	None		\$500 per covered person; \$1500 per family
Calendar year out of pocket maximum	\$2500 per person; \$4500 per family		

<b>Preventive Health Care</b>			
Routine physical, eye exams, immunizations	100% coverage		70% coverage after deductible
Prenatal and postnatal care			

Office Visits			
Illness or injury	\$0 copay	\$20 copay	70% coverage after deductible
Allergy injections	100% coverage		
Physical, speech and occupational therapy	\$0 copay	\$20 copay	
Online care	\$0 copay	\$0 copay	
Mental health care / substance abuse	\$0 copay		

<b>Emergency Care</b>			
Urgent Care Center	\$0 copay	\$20 copay	75% coverage after deductible
Emergency care at a hospital ER	\$100 copay		
Ambulance	80% coverage		

<b>Inpatient Hospital Care</b>			
Illness or injury	\$125 copay		70% coverage after deductible
Mental health / substance abuse			

Outpatient Care			
Scheduled outpatient (non surgical)	\$0 copay	\$20 copay	70% coverage after deductible
Scheduled outpatient surgeries	\$0 copay	\$50 copay	
Outpatient MRI and CT	80% coverage		

<b>Preventive Dental for Children to age 19</b>			
Preventive Dental	\$0 copay		No Coverage

Retail Pharmacy (up to 30 day supply)		
Generic drug	\$20 copay	70% coverage after deductible
Brand name drug	\$40 copay	
Mail Order Pharmacy ( up to a 90 day supply)		
Generic drug	\$40 copay	70% coverage after deductible
Brand name drug	\$80 copay	

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